# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 01, 2005 8:00 am**
**Secretary of State**
04-01-2005 90019 017 ****61.25

**50032984**

DOCUMENT # N03843

1. Entity Name
PREGNANCY RESOURCES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2225 S BABCOCK ST<br>MELBOURNE, FL 32901 | 2225 S BABCOCK ST<br>MELBOURNE, FL 32901 |

03232005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-2542341 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MINOT, MICHAEL ESQ<br>319 RIVERIDGE BLVD STE 218<br>COCOA, FL 32922 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>ALDRIDGE, FELICIA<br>3385 FLORIDA PALM AVE<br>MELBOURNE, FL 32901 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P/D<br><br>2694 TUSCARORA CT.<br>WEST MELBOURNE, FL 32904 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | BDM<br>ODOM, MARY<br>4213 CHELAN DR.<br>MELBOURNE, FL 32934 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S/D | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MCKEOWN, KEVIN<br>604 BARCELONA CT<br>SATELLITE BEACH, FL 32937 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T/D<br>COLLETTA, IRIS<br>3005-4 CLEARLAKE DR.<br>MELBOURNE, FL 32935 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PRINCE, PAMELA<br>713 SPRING LAKE DR.<br>MELBOURNE, FL 32940 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | M | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | BDM<br>LANIER, CONNIE<br>3460 LONGLEAF DRIVE<br>MELBOURNE, FL 32940 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V/D<br>BALL, LESTER<br>60 N. POINCIANA DR.<br>SATELLITE BEACH, FL 32937 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WARE, VONDA<br>1003 PALM BROOK DR.<br>MELBOURNE, FL 32940 | ☐ Change ☑ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** PAMELA PRINCE _____ 3-30-05 (321) 724-6009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #